U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - // Cf/	2. Fiscal Year Covered From:	
, v	6/ 01 / 04 Through: 12/3/ / 04	
3. Name and address of person filing.	4. Name, file number, and address of labor organization.	
Name Robert J. McIntyre	Name IREW LO 24	
	Labor Organization File Number 056-619	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 106 W. Circle Ave	Street 2701 W. Patapsco Ave	
city Sacisbury	city Balto	
State	State MD ZIP Code + 4 21230	
5. Position in labor organization. AS. Bus. Manager		
<i>Q</i>		
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
monetary value from an employer whose employees your organizati	on represents or is actively seeking to represent.	
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any).		
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6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the	
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 Sign 15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany)	7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the	
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Name of Person Filing Robert J. McJ ntyr	File Number U-		
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.			
8. Name and address of Business (including trade name, if any). Name Rutto Electrica THTC	9. Business deals with:		
Trade Name, if any:	a. Labor Organization b. Trust		
P.O. Box, Bldg., Room No., if any Street 2699 W. Pckapsco Ave	c. Employer		
City $Ba(fo)$ State MO ZIP Code + 4 21030			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Baltimore Elect Just	Apprentice + Ju TRaining		
Trade Name, if any:	Marning		
Street 2699 W. Patapso Ave	11.b. Approximate dollar value of such dealing.		
City Rolfa	12.a. Nature of interest held or income received.		
The same of the Contract of th	Semicrophyly by the financial mention of the seminary of the s		
State ZIP Code + 4 212.70	Dinner Meetings 4		
State MD ZIP Code + 4 212.70	Dinner Meetings 4 * See Attached		
State MD ZIP Code + 4 212.70)		
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	12.b. Amount. B 151 - 32		
C. Received from any employer (other than an employer covered unde	12.b. Amount. Parts A and B above)		
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C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 12.b. Amount. 13.b. Amount. 14.b. Amount. 15.1.32 15.1.32		
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<u>2004</u> <u>LM30 REPORT</u>

Robert J. McIntyre JATC Meals Total: \$151.32

DATE	<u>AMOUNT</u>	REASON
1/15	\$43.36	Dinner
3/24	\$40.32	Dinner
9/16	\$37.10	Dinner
11/11	\$ <u>30.54</u>	Dinner
	\$151.32	Total for year